PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it disables a collection of information unless it disables as a light of the collection.

Under the Paperwork Reduction A	ired to	respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application N	lumber		10/633,578-Conf. #5433		
FEE TRANSMITTAL						August 5, 2003	<u> </u>		
For FY 2009						Bjorn C. RETTIG			
101112000						M. P. Francis			
Applicant claims small entity status. See 37 CFR 1.27			AICOIR			2193			
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00				Attorney Docket No. 5486-0137F			31 		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application Type Fe		all Entity Fee (\$) F	ee (\$)	Small Enti Fee (\$)	<u>ty</u> Fee (\$	Small Entity) Fee (\$)	Fees	Paid (\$)	
	330	165		270	220	110			
•	220	110	100	50	140	70	· · · · ·		
	220	110	330	165	170				
	330	165	540	270	650	325			
	220	110	0	0	0	0	***************************************		
2. EXCESS CLAIM FEES	220	110	U	U	Ū	v		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (220	110				
Multiple dependent claims							390	195	
Total Claims Extra Cl	tal Claims Fee (\$) F		Fe	ee Paid (\$) M		Multiple Depende	lultiple Dependent Claims		
or HP = x =						Fee (\$)	ee Paid (<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra C		e (\$)	Fe	e Paid (\$)	_				
- or HP =		if greater than 3			_				
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
								Paid (\$)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1401 Notice of appeal								40.00	
1253 Extension for response within third month 980.00									
SUBMITTED BY L 19646 3									
Signature /	Min	al C		Registration No.					
Name (Print/Type) Michael K. Mu	utter w	CCIROL	70				January :		
loi l									
9									